

Entered 12-1-03 RCE/3714

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Steven G. LeMay, et al.

Attorney Docket No.: IGT1P031/P-295

Application No.: 09/642,192

Examiner: Steven Ashburn

Filed: August 18, 2000

Group: 3714

Title: GAMING MACHINE VIRTUAL PLAYER
TRACKING AND RELATED SERVICES

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first-class mail on November 17, 2003 in an envelope addressed to the Commissioner for Patents, Mail Stop RCE, P.O. Box 1450 Alexandria, VA 22313-1450.

Signed:

Tomika Thomas
Tomika Thomas

REQUEST FOR CONTINUED EXAMINATION (RCE)
(37 CFR §1.114)

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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NOV 25 2003

TECHNOLOGY CENTER R3700

This is a Request for Continued Examination (RCE) of the above-identified application.

NOTE: If the above-identified application was filed prior to May 29, 2000, applicant may wish to consider filing a continued prosecution application (CPA) under 37 C.F.R. §1.53(d) instead of an RCE to be eligible for the patent term adjustment provisions of the AIPA.

1. Submission required under 37 C.F.R. §1.114:

- a. ☒ Previously submitted
 - i. ☒ Consider the amendment/reply under 37 C.F.R. §1.116 previously filed on October 23, 2003. (Any unentered amendment referred to above will be entered.)
 - ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.
 - iii. ☐ Other _____.
- b. ☐ Enclosed
 - i. ☐ Amendment/Reply
 - ii. ☐ Affidavit/Declaration
 - iii. ☐ Information Disclosure Statement with Form PTO-1449
☐ Copies of IDS Citations
 - iv. ☐ Other _____.

11/20/2003 JADD01 00000097 09642192

01 FC:1801

770.00 DP

2. **Fees:** (The RCE fee is required at the time the RCE is filed.)

Fee Calculation (37 CFR §1.16)

Fee for Request for Continued Examination Under 37 C.F.R. §1.17(e)	\$770 =	770.00
TOTAL		\$770.00
SMALL ENTITY 50% FILING FEE REDUCTION (if applicable)		

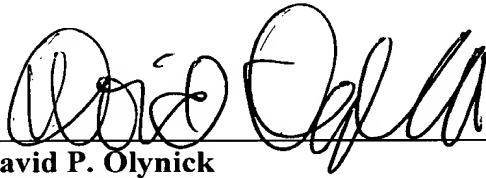
- ☐ a. Applicant hereby petitions for a month extension of time.
- ☒ b. Applicant believes that no (additional) extension of time is required; however, if it is determined that such an extension is required, Applicant hereby petitions that such an extension be granted and authorizes the Director to charge the required fees for an extension of time under 37 CFR §1.136 to Deposit Account No. 500388.
- ☒ c. Enclosed is our Check No. 8232 in the amount of \$770.00 to cover the RCE fee, extension of time and additional fees.
- ☒ d. The Director is authorized to charge any fees beyond the amount enclosed which may be required, or to credit any overpayment, to Deposit Account No. 500388 (Order No. IGT1P031)

3. ☒ Please continue to send correspondence to the following address:

Customer Number 022434

022434

Date: November 17, 2003



David P. Olynick
Registration No. 48,615

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY
TYPE ☐

OR

OTHER THAN
SMALL ENTITY

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	51 minus 20 = *	
INDEPENDENT CLAIMS	3 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

RATE	FEE
BASIC FEE	370.00
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	740.00
X\$18=	
X84=	
+280=	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
	Independent	*	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI-TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
	Independent	*	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI-TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
	Independent	*	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI-TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.